scurity: M. A., aged 9, a delicate-looking girl; has had marked divergence of the right eye from infancy. With the left she could see well till one year ago, when it began to fail. For the last three months she has lost rapidly in sight. In the right there is absolute blindness, with extinction of perception of light. She still reads Snellen No. 8 slowly, and objects in the outer half of her field are better seen than elsewhere. There is pronounced white atrophy of the optic papillæ. No cause can be detected in the brain or spinal cord to account for it. For two years the gradual failure of sight is the only symptom. Lesion in the nerve centres, not yet revealed by other symptoms, is certainly to be inferred.

For difficult diagnosis, let us describe the case of a German woman, 38 years old, well developed and healthy. About a year since she found that the vision of her left eye was defective. Three months ago the right began to fail. For the past year she has been much troubled with giddiness.

These attacks, with tendency to stagger and fall, have occurred at different intervals, but never oftener than once in two weeks. No nausea or vomiting, but numbness confined to the hands was often felt. She has not menstruated for four years. An enlargement of the abdomen resembles pregnancy, which does not exist. Within a year she has grown very fleshy but lost strength. The vision in right eye is 0.8. With the left she counts fingers only at 6 inches. In this eye the papilla is quite blanched, but in the other it is normal, and the color sense is perfect. The field of vision is quite clear in its inner half, but dim in the outer half. In the left eye, the outer half of the field of vision is totally abolished. She now has frequent and violent attacks of headache. We ordered moderate doses of iodide of potassium, and in two months she returned, quite relieved of the pain in the head. Vision with the right eye was now perfect, or nearly so. The left could count fingers at 6 feet. But the hemianopsia remained the same, as did the ophthalmoscopic appearances. The diagnosis was atrophy of the left papilla, and hemianopsia in the outer halves of the field of vision. This means loss of perception in the *inner half* of each retina. History and symptoms all indicate a brain lesion. The seat of the difficulty is conjectured. Time, and a post mortem may determine the seat and nature of the trouble.

Every surgeon of pretensions, and all mountebanks operate for strabismus, as though the problem of cure were entirely mechanical. The influence of associated convergence and accommodation, in causing strabismus, and the certain changes produced by the progress of years, are not thought of. Immediate results may be satisfactory and remunerative. But insufficiency of the divided muscle, and subsidence of accommodation, will probably lead slowly to great and unsightly divergence, a deformity far worse than the original, and vastly more difficult to relieve. Then again careless and ignorant operators often get no effect, because of inexact diagnosis, not knowing that the case was due to paralysis. Very recently I was asked to operate for squint on a delicate married lady of 36 years. Both eyes were turned far inwards with no ability to rotate either outwards. When but three months old, sleeping in a draft between two open windows, she awoke with the eyes turned in from paralysis of both external recti. Complete paralysis, of 36 years, leads to atrophy of the inactive muscles and rigid contraction of the antagonists. She had never learned binocular vision. No hope can be entertained of restoration to a physiological condition. Hence, no satisfactory result could come from a simple tenotomy, and a tedious operation for advancement, might only result in distressing and life-long double vision. This is the more to be apprehended, as the vision in both eyes was equal and perfect. For these reasons I refused to operate.

A CASE OF EXTRA-UTERINE PREGNANCY.

BY C. N. COOPER, M.D.

Mrs. C. consulted me in October, 1882, for what she supposed to be some uterine disease. She was English by birth, 39 years old, and the mother of four children. She had suffered three miscarriages. Her youngest child was four years old. I treated her nearly three months for subinvolution previous to her last pregnancy. For the past eight months her menstrual flow had been scant, and followed by a somewhat profuse leucorrhœa. She had no flow in September, but when she consulted me, had recently ceased from her October period, and was suffering from dragging pain, lassitude, etc. I found the os flabby and patulous, readily admitting the point of the index finger. The cervical canal seemed filled with tenacious mucus. The depth of the uterine cavity including the cervix was five inches. Three times each week for the first month, and twice each week for the second month, I applied equal parts of tincture iodine and fluid extract ergot to the cervix, within and without, and occasionally carried the treatment to the fundus; also, ordered free, hot vaginal injections at bed time. After two months treatment the uterus had increased to 6½ inches in depth, and the os was still patulous, but the leucorrhœa had ceased. A tumor could readily be felt either within the wall of the uterus or attached immediately to it upon the right side. It did not seem to encroach upon the uterine cavity.

By the first of January the tumor was as large as a pregnant uterus at the beginning of the fourth month. Its position was always on the right side, and freely movable with the uterus. The patient thought she could feel motion within the tumor, yet no fœtal heartbeat could be detected, and the breasts were but slightly enlarged, if at all. The rapidity of the growth, and the fact that somewhat rough manipulation over the abdomen caused some degree of contraction, which was apparent to her as well as to myself, taken together with the supposed motion, led me to the conclusion that the case was one of tubal or interstitial pregnancy. There was considerable pain in the

right iliac region, sometimes extending down the thigh and leg. The patient declined a consultation, and about the middle of January she suffered so much inconvenience, I put her on the use of iodide and bromide of potassium. No special change occurred in the case until the middle of February, when I was called in haste, and found her in apparent labor. Pains had been occurring every five or ten minutes for about two hours. The contracting tumor could not be compelled to retain a central position except when held there. I found the os uteri dilated sufficiently to admit two fingers, and by pressing the mass well down, I could detect a sac bulging from the right side of the uterus. From this time I kept the tumor within my grasp, and increased the pressure during the pains, which now recurred every three minutes.

Within half an hour there was a free flow of water, the os was dilatable, and I could distinctly feel a head presenting where I had before felt the distended sac. I had not long to wait before the head presented at the well-dilated os, and the progress of delivery was uninterrupted. The fœtus was a male of apparently six months' development, though rather small. Life was not entirely extinct, but resuscitation was impossible. The afterbirth was thoroughly delivered in eight minutes. The lochia continued about four days. The breasts did not fill sufficiently to require any attention. The patient suffered no unusual difficulties in getting up, except a constant sore and dragging feeling in the right groin. The tumor did not disappear from the right side for about six months after delivery. On subsequent examination I found no trace of the tumor, neither could I find any indication of a double uterus. All her other pregnancies had been natural in appearance and position. Whether this pregnancy should be called tubal or interstitial I cannot say, but that it was entirely outside of the uterine cavity there is no room to doubt.

The happy termination of this case was certainly rare, and has led me to think of the possibility of operative procedure through the easily dilated os in cases of extra-uterine pregnancy where the fœtal mass is within, or in immediate proximity to, the wall of the uterus.

Batavia, Ill.

MEDICAL PROGRESS.

MATERIA MEDICA AND THERAPEUTICS.

NEW REMEDIES FOR PSORIASIS.—The *British Medical Journal*, in an editorial, gives a very satisfactory review of this subject. Chrysophanic acid still holds a conspicuous place. Its effect in curing psoriasis is undoubted; and if it be not universally employed, it is more on account of the inconveniences connected with its use than from any doubt of its real efficacy. Several ingenious methods have been lately introduced, with the object of remedying these inconveniences. Pick recommends a mixture of gelatine and chrysophanic acid in different proportions.

Auspitz uses "traumaticin" instead of gelatine, traumaticin being a solution of one part of purified gutta percha in ten parts of chloroform. This preparation adheres closely to the skin, and remains from two to three days without change. Gelatine, on the contrary, becomes detached within several days by the rubbing of the clothes or the movement of the limbs. Traumaticin forms a much thinner and more delicate pellicle than either collodion or gelatine, and is more easily borne; and as applications made with the solution of the strength of 10 per cent. have never provoked irritation, even when applied to considerable surfaces, either in children or in adults—the chloroform evaporating slowly, and the gutta percha becoming only gradually hard—it is easy, whilst making an application, to rub it well in upon a considerable number of patches. By means of this rubbing the scales can be removed, and the chrysophanic acid directly applied to the bare and bleeding patches.

The method of Auspitz is carried out in this manner: After the scales have been removed by means of a bath and application of soap, all the patches are dabbed and rubbed with a brush steeped in a mixture of the strength of 10 per cent. If the affection be not extensive, the application is renewed each day. If it occupy a large extent of surface, it is renewed only in two or three days. If the scales be in considerable quantity, a soap bath is prescribed. If the scales be not very plentiful, soap lotions are sufficient. After one or two rubbings many of the patches appear flat, and in general the scales persist only on the borders of the patches. After two, or at the most a dozen applications, according to the intensity and extent of the psoriasis, the infiltration and scales disappear, and in their place are found white patches surrounded with a red or violet-brown border. When the disease is limited in extent, one application renewed daily for three to six days is sufficient to cause the patches to disappear, without the necessity of having recourse to lotions or baths.

M. Besnier modifies this method of Auspitz. After removing the scales, he rubs the patches with a common house-painter's brush, soaked in the mixture of chloroform and chrysophanic acid at 15 per cent. The duration and energy with which the application is made, should vary according to the thickness of the patches of psoriasis. The application gives rise to a slight sensation of heat and smarting; in a few seconds the chloroform has evaporated, and the patch is literally infiltrated with pure chrysophanic acid, having become of the deep yellow color of iodoform. It is only then that, with a large flat brush, the patch is covered with a layer of traumaticin, which must be thickly laid on, and which extends beyond the border of the patch. He has applied this method even to parts covered with hair; it has been found useful chiefly in cases of moderate infiltration, but when the patch is thick, fissured, and desquamating abundantly, the effect is not so striking. In such cases M. Besnier has used, instead of chrysophanic chloroform, a 10 per cent. solution of pyrogallic acid in ether, which is then immediately covered with a layer